

Today's Date

New	
Update	

West Houston Plastic Surgery Clinic, P.A.
ALFONSO BARRERA, M.D., F.A.C.S.
Diplomate of the American Board of Plastic Surgery
Clinical Assistant Professor of Plastic Surgery
Baylor College of Medicine

Plastic & Reconstructive Surgery and Hair Transplantation Surgery

Please print all information clearly

Patient's Name - Last		First		Middle Initial	
Email Address:					
Marital Status	Social Security #	Age	Date of Birth	Drivers License - State	
Patient's Address		Apt #	City	State	Zip Code
Telephone Number ()	Mobile Number ()		Other / Pager Number ()		
Patient's Occupation	Patient's Employer				
Employer's Address		City - State	Zip Code	Work Number ()	
Name of Spouse	Employer			Work Number	
Next of Kin (Other than Spouse)		Relationship	Telephone Number		

Person Responsible for Bill

Guarantor's Name - Last		First		Middle Initial	
Guarantor's Address		City - State		Zip Code	
Guarantor's Employer			Telephone Number		
Address		City - State		Zip Code	

I hereby agree to pay my account as services are provided. If for any reason there is a balance owing on my account, I agree to pay promptly upon receipt of the monthly statement. I acknowledge and understand that I am responsible for all of the charges for all of the services rendered to me or any member of my family.

Signature _____ Date _____